UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.29/Add.1
3 July 1996

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Third regular session 1996
16-19 September 1996
Item 3 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Mongolia

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Mongolia which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $3,750,000 from general resources, subject to the availability of funds, and $4,500,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 2001.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	1.0
U5MR (per 1,000 live births)	76
IMR (per 1,000 live births)	58
Underweight (% moderate and severe) (1992)	12
Maternal mortality rate (per 100,000 live births) (1990)	65
Literacy (% male/female) (1995)	89/77
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%) (1990)	80
Access to health services (%) (1988)	95
GNP per capita	$340

One-year-olds fully immunized against:

tuberculosis:	90 per cent
diphtheria/pertussis/tetanus:	78 per cent
measles:	80 per cent
poliomyelitis:	77 per cent

Pregnant women immunized against:

tetanus:	.. per cent

THE SITUATION OF CHILDREN AND WOMEN

1. The country note on Mongolia (E/ICEF/1996/P/L.29) underscored the fact that the transition to a market economy has severely affected the country's economic production and social indicators. Weakening of the heavily subsidized social service delivery systems has caused three main problems affecting the situation and rights of children and women. First, at the national level, coverage of preventive services for children and women, e.g. maternal birth services, has declined because of shortages of resources, especially in rural areas. Second, at the aimag (province) level, some social service institutions have been destabilized because of the lack of resources for decentralized service delivery and the lack of institutions at lower levels, e.g. sum (district). Third, new social problems have emerged, including HIV/AIDS, issues related to reproductive health, urban street children and low-income, female-headed households.

2. The Committee on the Rights of the Child identified several important factors impeding the realization of child rights in Mongolia, including inadequate legislation to guarantee child rights; an inadequate system for registering births; and increases in child labour and school drop-outs, especially for boys. Government policies are focused on rebuilding a base for meeting its commitments to the goals of the World Summit for Children and of the national programme of action (NPA) and to implement the Convention on the Rights of the Child. The State Great Hural (Parliament) has adopted a resolution on the establishment of the National Council for Children, headed by the Prime Minister, as child rights advocate to encourage legislators and other decision makers to bring law and public policy in line with the Convention and to raise public awareness and thus encourage participation in assuring child rights.

PROGRAMME COOPERATION, 1994-1996

3. In 1991, the Executive Board approved the country programme for Mongolia for the period 1991-1995. In 1994, because of the changing situation in the country, the Executive Board approved a one-year "bridging" programme for 1996. The programme of cooperation has been helping to prevent the decline of social service coverage for children, and strengthening of health services has contributed to the reduction of infant and under-five mortality. UNICEF support for intensive follow-up and outreach activities helped to expand immunization coverage to above 80 per cent for all six antigens of the expanded programme on immunization and to increase the use of oral rehydration therapy (ORT) to above 80 per cent, thus reducing child deaths due to diarrhoea. Improved case management, use of essential drugs and improved capacity for oxygen delivery helped to reduce child deaths due to acute respiratory infections (ARI). There was some progress in the redesign of faltering rural district health services, and the Bamako Initiative approach has been adopted in 12 sum of 6 aimag to strengthen the structure and financing of district health services and information systems. This approach will be assessed for nationwide replication. The launching of the Baby-Friendly Hospital Initiative covered 27 major hospitals. UNICEF assistance helped the Government to iodize 20 per cent of edible salt, with a target of 70 per cent for 1996.

4. UNICEF and the Danish International Development Agency (DANIDA) provided support to the Ministry of Science and Education for in-service training of primary school teachers. The project developed new training methodologies and curricula to support the introduction of distance education and self-learning initiatives in rural areas. A second initiative in non-formal education demonstrated that children, especially boys, of rural herdsmen who drop out of school respond positively to flexible learning opportunities.

5. In response to emerging child protection issues, the staff capacity of the National Center for Children (NCC) was enhanced to improve policies, planning and programme implementation of protective services for street children and to support community-based rehabilitation for children with disabilities. The NCC baseline surveys on street children provided information which will be used to test community-based interventions during the new programme cycle. Supplementary funds for this project were provided by the United States Agency for International Development (USAID), the Australian Agency for International Development, the Nippon Foundation, and the French, Japanese and Netherlands Committees for UNICEF.

Lessons learned

6. Advocacy activities have helped to establish a broad social and political consensus that children must be protected, particularly during periods of economic and social transition. They also supported the development of the NPA and corresponding local plans of action. However, accelerating capacity-building for both the Government and non-governmental organizations (NGOs) at the sum level and below is a prerequisite to implementation of cost-effective, sustainable basic services in order to make such plans operational.

7. Less than 8 per cent of the external assistance received has been for support to priority social sectors. Under these circumstances, the programme of cooperation should become more effective as a catalyst to mobilize external and internal resources on behalf of children and women and to accelerate the cost-effective decentralization of NPA activities through more strategic links with other promising initiatives. One opportunity is the recently developed poverty alleviation programme, which has the support of other donors and has been developed under the leadership of the United Nations Development Programme.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

Estimated annual expenditure

(In thousands of United States dollars)

	1997	1998	1999	2000	2001	Total
General resources						
Health	205	205	205	205	205	1 025
Basic education	90	90	90	90	90	450
Child and family welfare	65	65	65	65	65	325
Local programme of action for children	60	60	60	60	60	300
Monitoring and evaluation	28	28	28	28	28	140
Programme support	302	302	302	302	302	1 510
Subtotal	750	750	750	750	750	3 750
Supplementary funds						
Health	500	500	500	500	500	2 500
Basic education	100	100	100	100	100	500
Child and family welfare	90	90	90	90	90	450
Local programme of action for children	150	150	150	150	150	750
Programme support	60	60	60	60	60	300
Subtotal	900	900	900	900	900	4 500
Total	1 650	1 650	1 650	1 650	1 650	8 250

Country programme preparation process

8. The proposed country programme was prepared under the coordination of the National Development Board, based on the findings of the situation analysis and on lessons learned during the previous cooperation period. The situation analysis and the country note were reviewed in meetings convened by the Government. Following the review of the country note by the Executive Board, the number of objectives was reduced from 10 to 5 to focus more sharply on selected government priorities and to complement important efforts of other donor partners. United Nations and other international agencies and resident missions of donor countries were consulted to ensure complementarity of inputs and to increase programme impact.

Country programme objectives and strategy

9. The proposed country programme will help to sustain and expand Mongolia's achievements in implementing the Convention on the Rights of the Child and the NPA and to increase local capacities to undertake more cost-effective and sustainable initiatives. The objectives are to: (a) sustain immunization coverage at 90 per cent, reduce mortality related to diarrhoea by one third from the 1995 level of 10 per cent and lower mortality due to ARI by one half in children under five years of age from the 1995 level of 48 per cent; (b) reduce the maternal mortality rate (MMR) by at least 50 per cent from 1993-1995 levels to less than 100 per 100,000 live births, and reduce perinatal mortality by one

fourth from 1995 levels 1/; (c) achieve universal and sustainable iodization of alimentary salt; (d) achieve an 80 per cent rate of exclusive breast-feeding and proper child care practices, including the use of complementary foods; and (e) in two selected sums where the Bamako Initiative has been launched, pioneer approaches to child survival, development, protection and participation through the development of decentralized systems, especially in rural areas, which will also help to improve national policies and mobilize resources on behalf of children and women.

10. In order to achieve those objectives, the mix and weight of strategies will change as compared to the current country programme. Capacity-building, particularly at subnational levels and in ways appropriate to rural and urban populations, will replace support for service delivery as the lead strategy. As part of helping government agencies and NGOs develop more effective approaches to the decentralization of service delivery and community participation, capacity-building strategies and activities will have to be highly cost-efficient, cost-effective and address gender issues more directly, e.g. the redevelopment of maternal houses for safe child birth. UNICEF support for service delivery will remain a significant strategy in terms of helping to sustain already high coverage of services and in the development and widespread replication of new, more appropriate systems, e.g. non-formal education for both rural and urban children which will also contribute to gender equality.

11. The mix of strategies will address, in different ways for each programme, the three types of problems and needs identified in the situation analysis: (a) preventing the collapse of service coverage during the transition period; (b) developing alternative, more cost-effective systems, e.g. the Bamako Initiative; and (c) developing new approaches to address emerging protection issues, e.g. urban street children. The mid-term review will assess the degree to which the mix and weight of strategies is effective and the need for adjustments. Another key facet of the strategy is support of government effort to employ UNICEF cooperation more effectively to complement the assistance provided by other donors.

Health

12. The health programme, coordinated by the Ministry of Health, will encompass immunization and the control of ARI and diarrhoea nationwide; safe motherhood and perinatal care; the control of iodine deficiency disorders (IDD); and promotion of appropriate breast-feeding and complementary feeding practices. General resources will be used to support capacity-building, community participation and advocacy. Supplementary funds will be used for service delivery and maintenance of the cold chain.

13. The target for immunization is 90 per cent coverage in every aimag, sum and bag (subdistrict) by the year 2000, using vaccines provided by the Government of Japan through bilateral assistance. UNICEF will support social mobilization activities to motivate families to increase their use of immunization services, as well as training of health workers and the establishment of the cold chain at aimag and sum levels, with assistance from USAID. UNICEF will support a national campaign against pneumonia, stressing early detection and timely referral, which was initiated in 1996 with USAID support. UNICEF will provide technical assistance for training and improving databases, and will support efforts to educate parents in rural areas on the causes of diarrhoea and dehydration, thus helping them to acquire skills on the use of ORT and related child care practices.

1/ While the United Nations system reports an MMR of 65 per 100,000 live births (1990), the Government of Mongolia uses a rate of 185 per 100,000 (1995).

14. A national plan of the Ministry of Health to reduce maternal mortality will receive support from UNICEF, the United Nations Population Fund (UNFPA) and the World Health Organization (WHO). Reopening of "maternal homes" will begin in eastern and western aimags. A health education package, developed in cooperation with other United Nations agencies in Mongolia, will address the prevention of AIDS and other sexually transmitted diseases and receive support from the Joint United Nations Programme on HIV/AIDS (UNAIDS). UNICEF will provide appropriate educational materials on HIV/AIDS and technical assistance for working with children and families affected by AIDS.

15. UNICEF will provide technical support for the development of a social marketing plan for salt iodization, with the support of the Japanese Committee for UNICEF. The Government of Japan will provide iodine, salt iodization and laboratory equipment for IDD surveillance. Educating parents on the prevention of micronutrient deficiencies will involve an integrated learning module to promote correct infant feeding and caring practices, as well as knowledge and skills related to providing more appropriate diets for children and women. Information, for men as well as for women, about the importance of exclusive breast-feeding during the first four months and on correct infant feeding and caring practices will be disseminated nationwide. All 300 sum hospitals with maternity wards will achieve "baby-friendly" certification. UNICEF will support logistics and travel costs for national trainers to ensure that training can reach the sum level.

Basic education

16. The objectives of the programme are to: (a) strengthen selected national educational policies and increase the effectiveness of key educational practices, thus improving the quality of basic education; and (b) promote decentralized, community-based approaches that encourage families to enrol their children in school and have them complete a basic education.

17. The programme will continue the collaboration with the Ministry of Science and Education and DANIDA on the in-service training of primary school teachers. The training will include child health education, Facts for Life and HIV/AIDS education; multigrade teaching; and ways to prevent children, especially boys, from dropping out of school. Exposure to successful experiences elsewhere in the region will enhance the capacity of Ministry policy makers and planners to monitor and evaluate coverage of basic education and learning achievements. There will be a phased, nationwide expansion of non-formal education services for nomadic children and rural drop-outs that were developed under the previous country programme. Indicators of success will include the number of teachers trained, the extent to which new content has been inserted into the teacher-training curriculum and the nature of changes made in the Ministry's assessment system.

18. UNICEF will cooperate with local governments in selected sums to develop and replicate decentralized approaches for community-school partnerships designed both to promote school enrolment and completion and to improve the quality of education and health services provided by schools. UNICEF will support technical assistance and training to develop and implement such models and provide limited support to school-community activities. Success will be determined by improvements in school enrolment and completion rates and in the health status of schools and their pupils, leading to replication in other localities. General resources will be used to support the national-level programme. Supplementary funds will support replication of successful local initiatives.

Child and family welfare

19. The objectives of the programme are to develop the capacity of the Government, community groups and NGOs to provide preventive and rehabilitation services to urban street and disabled children, mainly through community-based activities. In five selected neighbourhoods of Ulaanbaatar, community-based rehabilitation will be the main approach, with an emphasis on outreach facilities. Disability prevention will be promoted through community education on immunization; better antenatal and post-natal care; the consumption of iodized salt; the prevention of accidents and injuries; the appropriate use of antibiotics; and the surveillance, detection and early treatment of mild disability in children at community-based rehabilitation sites. UNICEF support will strengthen the capacity of NCC to develop replicable, community-based preventive and rehabilitation approaches; provide early screening and disability management services in project sites; promote the education of families of disabled children on basic knowledge of home-based rehabilitation; and create public awareness of disability prevention.

20. Insights into the situation of street children and female-headed households gained through the NCC baseline surveys will be used to test community-based interventions. UNICEF will support the delivery of health and educational services, the training of personnel and promotion of the participation of NGOs and other civil groups in assisting these children. Women who head households will learn how to acquire skills and resources in order to improve their livelihood and prevent their children from being on the street. The project will be coordinated and monitored by NCC and UNICEF, with strong community participation in the five selected neighbourhoods of Ulaanbaatar. General resources will be used to support this initiative and supplementary funds will be used to replicate successful local initiatives in other urban areas.

Local programme of action for children and women

21. The programme's objectives are to revitalize health care systems at aimag and sum levels and to strengthen the social dimension of the Government's poverty alleviation programme. UNICEF will continue to help develop more effective management systems to increase community control and financing of essential health care in 12 sum of 6 aimag using supplementary funding provided by the Nippon Foundation.

22. In selected sum where the Bamako Initiative has been implemented, UNICEF and the Government will help the community to initiate an area-based programme. In the early stage of the programme, UNICEF will support activities aimed at strengthening the capacity of local communities, involving women and children in assessing and analysing the most important problems affecting them. The project, which will focus on children, will assist communities to identify and find solutions to problems related to food, fuel, care and protection, education, health and environment as part of addressing the more basic problems of poverty. Improved nutrition and reduced poverty will be the key outcome indicators. This area-based programme will be linked closely with the Government's poverty alleviation programme to achieve maximum impact. General resources will be used to support the initiative in the selected sum, and supplementary funds will expand it to other Bamako Initiative sums.

Monitoring and evaluation

23. The proposed country programme will give more prominence to ongoing monitoring and evaluation of NPA goals and to strengthening the roles and

capacities of the Government and NGOs to monitor and promote child rights. At the subnational level, UNICEF will help the local government to develop a community-based information system to improve monitoring and evaluation. There will be a strong focus on evaluating the results of the cooperation with respect to the reduction of gender disparities, e.g. higher drop-out of boys, and disparities between urban and rural children, e.g. more viable rural health systems.

Inter-agency coordination

24. UNICEF will continue to collaborate closely with other United Nations agencies, including UNAIDS, UNDP, UNFPA and WHO. The next programme cycles of UNICEF, UNDP and UNFPA have been harmonized (1997-2001). Increased inter-agency cooperation, linked to strengthened collaboration with bilateral donors, will be essential to more effective mobilization and use of resources. Bilateral cooperation that has been especially successful for initiatives on vaccines, essential drugs and the elimination of IDD will be strengthened. National and international NGOs will become even more important partners in this programme, both in promoting children's rights and in reaching vulnerable groups.

Programme management

25. The country programme is coordinated by the National Development Board, chaired by the Minister of State. Through this link, UNICEF works directly with national sectoral ministries and NGOs. The UNICEF country office will provide technical assistance for national and local capacity-building in planning, monitoring and evaluation through the National Development Board, the National Council for Children, aimag governments, the State Statistical Office and NGOs. Short-term consultants will be recruited to provide technical assistance for programme analysis and strategy formulation, particularly for the programmes for child and family welfare and the local programme of action for children and women.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : MONGOLIA
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	1,025			1,025	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	1,510			1,510	0	0	0	0	1	0	1	2	1	4	716.0	190.4	906.4
BASIC EDUCATION	450			450	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
CHILD AND FAMILY WELFARE	325			325	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
LOCAL PROG. OF ACTION FOR CHILDREN	300			300	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
MONITORING AND EVALUATION	140			140	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL GR	3,750			3,750	0	0	0	0	1	0	1	2	1	4	716.0	190.4	906.4
SUPPLEMENTARY FUNDING :																	
HEALTH		0	2,500	2,500	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	300	300	0	0	0	0	0	0	0	0	2	2	0.0	80.4	80.4
BASIC EDUCATION		0	500	500	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
CHILD AND FAMILY WELFARE		0	450	450	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
LOCAL PROG. OF ACTION FOR CHILDREN		0	750	750	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
MONITORING AND EVALUATION		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	4,500	4,500	0	0	0	0	0	0	0	0	2	2	0.0	80.4	80.4
TOTAL GR & SF	3,750	0	4,500	8,250	0	0	0	0	1	0	1	2	3	6	716.0	270.8	986.8
ADM. & PROGRAMME SUPPORT BUDGET		Operating costs		650.6													
		Staffing			0	0	0	1	1	0	2	0	3	5	1,511.3	192.2	1,703.5
GRAND TOTAL (GR+SF+ADM)					0	0	0	1	2	0	3	2	6	11	2,227.3	463.0	2,690.3
Number of posts and staff costs:																	
Current programme cycle											1	1	4	6			
At the end of proposed programme cycle (indicative only)											3	2	6	11	2,227.3	463.0	2,690.3

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.